Complete Summary

TITLE

Radiology: percentage of final reports for screening mammograms that are classified "probably benign."

SOURCE(S)

American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2009 Feb. 42 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of final reports for screening mammograms that are classified as "probably benign."

Note: For performance, a lower percentage, with a definitional target approaching 0%, indicates appropriate assessment of screening mammograms (e.g., the proportion of screening mammograms that are classified as "probably benign."

RATIONALE

Although a mammogram assessment category of "probably benign" is not recommended for use in interpreting screening mammograms, it is associated with up to 11% of screening mammograms and accounts for over 40%-50% of abnormal screening mammograms. A mammogram assessment category of "probably benign" is coupled with a recommendation for short-interval follow-up

(typically 6 months), resulting in economic and emotional consequences for the women that receive them.*

*The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:

Do not use Category 3 in interpreting screening examinations. (American College of Radiology [ACR])

All the published studies emphasize the need to conduct a complete diagnostic imaging evaluation before making a probably benign (Category 3) assessment; hence it is inadvisable to render such an assessment when interpreting a screening examination. (ACR)

The use of Category 3, probably benign, is reserved for findings that are almost certainly benign. It must be emphasized that this is NOT an indeterminate category for malignancy, but one that, for mammography, has a less than 2% chance of malignancy (i.e., is almost certainly benign). (ACR)

Such findings are generally identified on baseline screening or on screening for which previous examinations are unavailable for comparison. Immediate evaluation with additional mammographic views and/or ultrasound is required to render a Category 3, probably benign assessment. (ACR)

PRIMARY CLINICAL COMPONENT

Screening mammography; "probably benign" assessment category

DENOMINATOR DESCRIPTION

All final reports for screening mammograms

NUMERATOR DESCRIPTION

Final reports classified as "probably benign" (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

 A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Yasmeen S, Romano PS, Pettinger M, Chlebowski RT, Robbins JA, Lane DS, Hendrix SL. Frequency and predictive value of a mammographic recommendation for short-interval follow-up. J Natl Cancer Inst2003 Mar 19;95(6):429-36. PubMed

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care Ancillary Services Hospitals Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

All patients, regardless of age

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All final reports for screening mammograms

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All final reports for screening mammograms

Exclusions

None

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Diagnostic Evaluation Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Final reports classified as "probably benign"

Definition of "probably benign" classification: Mammography Quality Standards Act (MQSA) assessment category of "probably benign"; Breast Imaging Reporting and Data System (BI-RADS®) category 3; or FDA-approved equivalent assessment category.

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #3: inappropriate use of "probably benign" assessment category in mammography screening.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

Radiology Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the American College of Radiology, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance

DEVELOPER

American College of Radiology National Committee for Quality Assurance Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

William Golden, MD (*Co-Chair*); David Seidenwurm, MD (*Co-Chair*); Stephen Amis, MD; Michael Bettmann, MD; Joseph P. Drozda, Jr, MD; James H. Ellis, MD; Thomas C. Fenter, MD; George Fueredi, MD; Bruce R. Greenspahn, MD, FACC; Carol H. Lee, MD; Richard Leithiser, Jr, MD, MMM; Mark D. Morasch, MD; Robert Pyatt, Jr., MD; Robert Rosenberg, MD; John Schneider, MD, PhD; Gary Schultz, DC, DACBR; Carl L. Tommaso, MD, FSCAI

American College of Radiology: Judy Burleson, MHSA; Mark Gorden, MS; Diane Hayek; Pamela Wilcox

American Medical Association: Joseph Gave, MPH; Kendra Hanley, MS, CHE; Karen Kmetik, PhD; Samantha Tierney, MPH

National Committee for Quality Assurance: Aisha Pittman, MPH; Phil Renner, MBA

Centers for Medicare & Medicaid Service: Sue Nedza, MD, MBA, FACEP; Sylvia Publ, MBA, RHIA

Consortium Consultants: Rebecca Kresowik; Timothy Kresowik, MD

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Oct

REVISION DATE

2009 Feb

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 42 p.

SOURCE(S)

American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2009 Feb. 42 p.

MEASURE AVAILABILITY

The individual measure, "Measure #3: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening," is published in the "Radiology Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on February 1, 2008. The information was verified by the measure developer on April 10, 2008. This NQMC summary was updated by ECRI Institute on April 23, 3009. The information was verified by the measure developer on September 16, 2009.

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